

Rhode Island Department of Health

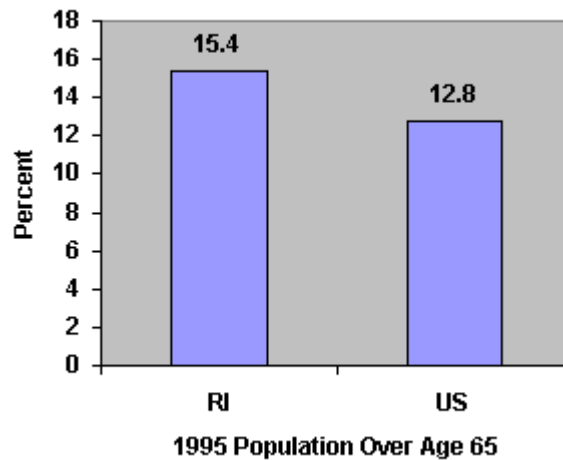
Health Data Briefs

Utilization of Nursing Homes in Rhode Island

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Rhode Island has a higher percentage of elderly residents than the United States and a higher rate of utilization of nursing home beds by this population.



Among the United States, Rhode Island has the third highest percentage of its population age sixty-five and over. In Rhode Island, with an estimated 1995 population of 992,000, 15.7 percent, or approximately 156,000 people, are over the age of sixty-four. In the United States, 12.8 percent of the population, or approximately 34 million people, are over the age of sixty-four. It has been estimated that more than 25 percent of the population over the age of sixty-four will, at some point in their life, spend time in a long term care facility. In the data reviewed below, at any given time, 6.3% of the Rhode Island population over age sixty-four, and 4.6% of the comparable United States population, are in nursing facilities.

	RI	US
Beds per 1000	65	51

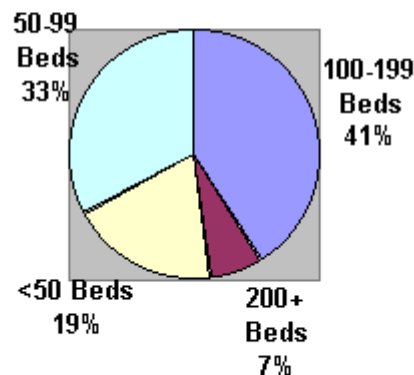
% occupancy	93%	87%
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Rhode Island has more beds for each person over age sixty-four.

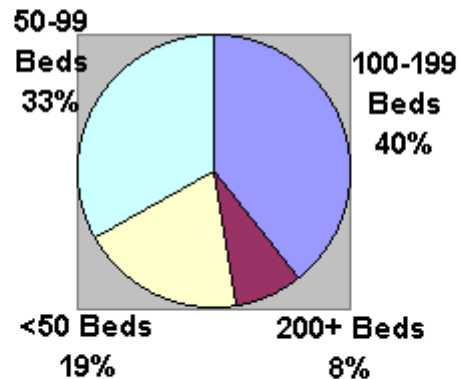
Rhode Island has 103 nursing facilities, with 99 of these certified for Medicare and Medicaid admissions. For the purposes of this report, the Veterans facility and Hospice data have not been used. The report uses data available from the National Center for Health Statistics¹ which includes only Medicare and Medicaid data. The Rhode Island data are from 1995 Minimum Data Set (MDS) information.² The 99 facilities included in our report have a total of 10,104 beds, or 65 beds per 1000 population over the age of sixty-four. In the United States there are currently 16,700 facilities with 1,700,900 beds or 51 beds per 1000 population over the age of sixty-four. Bed occupancy in Rhode Island is 93%, and the national figure is 87%. Thus, Rhode Island is above the national average for nursing facility beds for the population at highest risk for long term institutional care and in the utilization of those beds. It is not clear whether the higher bed count per population and higher bed use is a reflection of health status of elderly Rhode Islanders or a regional variation in long term care practices.

Rhode Island nursing facilities are similar to national averages.

Rhode Island



United States



	RI	US
# for profit	82	11,000
% for profit	83%	72%
# not for profit	17	43,000
% not for profit	17%	28%

Rhode Island is in the US mainstream for facility size, distribution of facility size, type of ownership and percent occupancy. In 1995, the average nursing facility bed size in RI was 102 beds. The national average facility bed size for Medicare and Medicaid beds is 106 beds. It is of interest that in US the number of facilities has dropped 13% while the number of beds has increased 9%. The change in RI over this period was a decrease of 6% in facilities and an increase of 5% in beds. The smallest facility in RI has 16 beds and the largest has 344 beds. The range of bed size of facilities in RI is remarkably close to the national range. 17% of RI's facilities are not for profit and 83% are for profit. The corresponding national figures are 28% and 72%. Furthermore, the range of bed size is similar among for-profit and not-for profit facilities.

	Medicaid	Medicare	Other

1987	72%	1%	27%
1992	73%	3%	24%
1995	75%	7%	18%

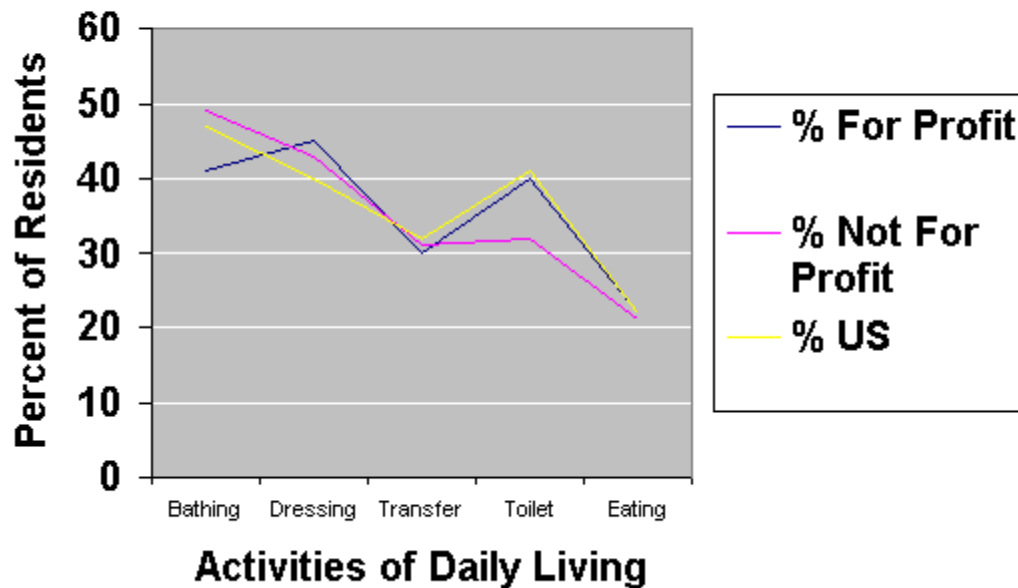
Facility Reimbursement

In 1987, Congress passed the Nursing Home Reform Act sometimes referred to as OBRA '87. This changed the classification of nursing facility beds and makes it difficult to evaluate long range changes in bed reimbursement. In 1987, Medicaid was the source of reimbursement for 72% of the bed-days, Medicare for 1% of the bed-days, and other, including private pay, was payer for 27% of the bed-days. By 1992, when OBRA '87 was well in place, Medicaid was the source of 73% of the funding, Medicare of 3%, and other was 24%. In 1995, RI bed occupancy funding was 75% Medicaid, 7% Medicare and 18% other. During this period, there was a slow increase in percent of Medicare funding. This may reflect the impact of the Medicare prospective payment system, which shortened hospital stays and pushed more of the elderly into nursing facilities.

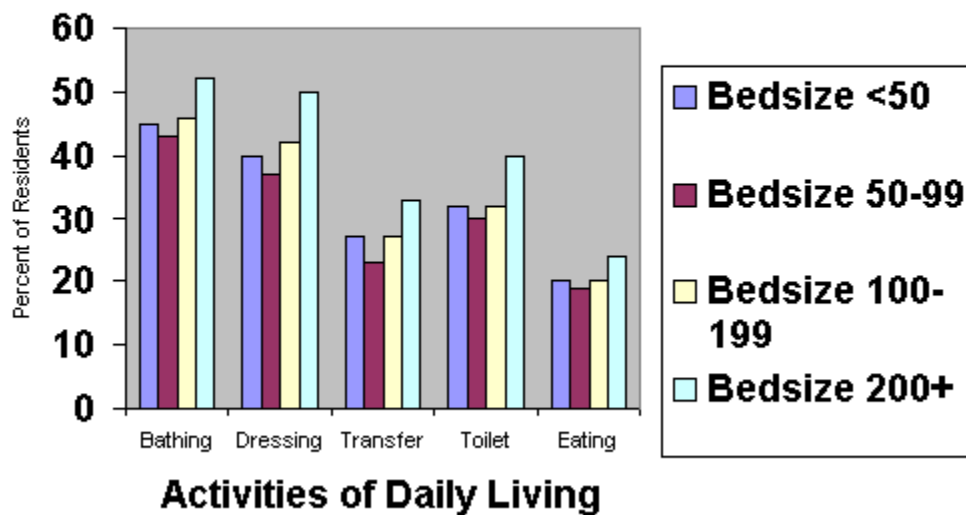
The limitations of residents in RI nursing facilities are comparable to US averages.

Care requirement in a long term facility are related to the amount of disability of the residents. An important measure of disability is the activities of daily living (ADL) paradigm. Information on this measure is available from Minimum Data Set (MDS) reports. Using the MDS indicator for complete dependency in each of the five ADL's is then a measure of support required by the residents in that facility. This data is presented in Figure 1. The data is presented for RI profit and not-for-profit facilities and compared with the national data. Figure 2 shows the MDS data on ADL's by size of facility. There is a remarkable match between RI and US data which is independent of size of facility and type of ownership.

ADL's of Residents, RI and US



ADL's of Residents by Bedsize, RI



Data Sources

¹An Overview of Nursing Homes and Their Current Residents: Data From the 1995 National Nursing Home Survey. Number 280, January 9, 1997. National Center for Health Statistics.

²Minimum Data Set Information from the HCFA Online Certification and Reporting System.

1985 Institutional Short and Long Range Plans of Skilled Nursing and Intermediate Care Facilities. Rhode Island Department of Health.

1992 Rhode Island Nursing Home Utilization and Strategic Plans. Rhode Island Department of Health.

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